

# ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

|  |                    |  |                |                                    |       |
|--|--------------------|--|----------------|------------------------------------|-------|
| OPERATOR PROJECT #   | POSTMARK           | DATE RECEIVED                                  | NOTIFICATION # |                                    |       |
| I. TYPE OF NOTIFICATION (O-ORIGINAL R-REVISED C-CANCELLED):  |                    |  | WPR NOTICE?    |                                    |       |
| II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)  |                    |  |                |                                    |       |
| OWNER NAME:  |                    |  |                |                                    |       |
| ADDRESS:   |                    |  |                |                                    |       |
| CITY:  | County:            | State:   | ZIP:           |                                    |       |
| CONTACT:   |                    |  | Telephone:     |                                    |       |
| REMOVAL CONTRACTOR:  |                    |  |                |                                    |       |
| ADDRESS:   |                    |  |                |                                    |       |
| CITY:  |                    | State:   | Zip:           |                                    |       |
| CONTACT:   |                    |  | Telephone:     |                                    |       |
| OTHER OPERATOR:  |                    |  |                |                                    |       |
| ADDRESS:   |                    |  |                |                                    |       |
| CITY:  |                    | State:   | ZIP            |                                    |       |
| CONTACT:   |                    |  |                |                                    |       |
| III. TYPE OF OPERATION: (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION):   |                    |  |                |                                    |       |
| IV. IS ASBESTOS PRESENT? ( YES / NO )  |                    |  |                |                                    |       |
| V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)   |                    |  |                |                                    |       |
| BUDG NAME:   |                    |  |                |                                    |       |
| ADDRESS:   |                    |  |                |                                    |       |
| CITY:  | County:            | State:   | ZIP:           |                                    |       |
| SITE LOCATION:   |                    |  |                |                                    |       |
| BUILDING SIZE:   | Number of floors:  |  | Age in years:  |                                    |       |
| PRESENT USE:   | PRIOR USE:         |  |                |                                    |       |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:  |                    |  |                |                                    |       |
| VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:<br><br>1. REGULATED ACM TO BE REMOVED<br>2. CATEGORY I ACM NOT REMOVED<br>3. CATEGORY II ACM NOT REMOVED | RACM TO BE REMOVED | NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED |                | INDICATE UNIT OF MEASUREMENT BELOW |       |
|  |                    | CAT I  | CAT II         | UNIT                               |       |
| PIPES:   |                    |  |                | Ln Ft:                             | Ln m: |
| SURFACE AREA   |                    |  |                | SqFt:                              | Sq m: |
| VOL. RACM OFF FACILITY COMPONENT   |                    |  |                | CuFt:                              | Cu m: |
| VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:  |                    |  |                |                                    |       |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:   |                    |  |                |                                    |       |

|   |  |   |
|---|--|---|
| <b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>   |  |   |
| <b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.</b>  |  |   |
| <b>XII. WASTE TRANSPORTER #1</b>  |  |   |
| <b>ADDRESS:</b>   |  |   |
| <b>CITY:</b>  | <b>STATE</b>                             | <b>ZIP</b>  |
| <b>CONTACT PERSON:</b>  | <b>TELEPHONE:</b>                        |   |
| <b>XIII. WASTE DISPOSAL SITE:</b>   |  |   |
| <b>NAME:</b>  |  |   |
| <b>LOCATION:</b>  |  |   |
| <b>CITY:</b>  | <b>STATE</b>                             | <b>ZIP</b>  |
| <b>TELEPHONE:</b>   |  |   |
| <b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>   |  |   |
| <b>NAME:</b>  | <b>TITLE:</b>                            |   |
| <b>AUTHORITY:</b>   |  |   |
| <b>DATE OF ORDER (MM/DD/YY)</b>   | <b>DATE ORDERED TO BEGIN: (MM/DD/YY)</b> |   |
| <b>XV. FOR EMERGENCY RENOVATIONS</b>  |  |   |
| <b>a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY)</b>  |  |   |
| <b>b) DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:</b>  |  |   |
| <b>c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:</b>  |  |   |
| <b>XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.</b>  |  |   |
| <b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS ( REQUIRED 1 YEAR AFTER PROMULGATION)</b> |  |   |
| <div style="border-top: 1px solid black; width: 100%;"></div> <b>(SIGNATURE OF OWNER/OPERATOR)</b>  |  | <div style="border-top: 1px solid black; width: 100%;"></div> <b>(DATE)</b> |
| <b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>  |  |   |
| <div style="border-top: 1px solid black; width: 100%;"></div> <b>(SIGNATURE OF OWNER/OPERATOR)</b>  |  | <div style="border-top: 1px solid black; width: 100%;"></div> <b>(DATE)</b> |